PTO/SB/22 (07-06)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005		Docket Number (Optional) M1912.0025		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				
Application Number 10/027,006-Conf	pplication Number 10/027,006-Conf. #1148		Filed December 26, 2001	
For COMMUNICATION SYSTEM AND PACKET SWITCHING METHOD THEREOF				
Art Unit 2661		Examiner	R. W. Wilson	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fe \$60	<u>e</u> \$	
Two months (37 CFR 1.17(a)(2))  (less than the fee for one-month extension previously submitted)	\$450	\$225	\$ 330.00	
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080		
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
X Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2215				
I am the applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
attorney or agent of record.	Registration Number	-	·	
attorney or agent under 37 C Registration number if acting to		40,414	·	
Muh (sai)		Septen	nber 11, 2006	
Signature		Date		
Hua Gao		(212) 277-6631		
Typed or printed name		Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Total of 1 forms are submitted.				